HTAi 2025 Annual Meeting Buenos Aires Abstract Submission Guidelines

NexGen Evidence: Diversifying and Advancing HTA to Meet Global Demands

Researchers, agencies, policy makers, industry, academia, health service providers and patients/consumers meet to build international cooperation and to face new challenges together.

Health Technology Assessment international (HTAi) is the global scientific and professional society for everyone who produces, uses or encounters Health Technology Assessment (HTA) to support optimal policy and decision making. Its mission is to support the growth of the HTA community by providing a neutral, global forum for the exchange of information, methods, and expertise. With members from over 60 countries and across six continents, HTAi is a thriving global network.

Our members regularly participate in [Annual Meetings](#), [Policy Fora](#) and [Interest Groups](#). HTAi also provides access to a variety of resources including the [International Journal of Technology Assessment in Health Care](#)(IJTAHC).

HTAi supports national and regional initiatives for countries embarking on implementing HTA programs and works to connect members with common interests.

The [Board of Directors governs HTAi](#) and is supported by an [Executive Committee](#), several [Advisory Committees,](#) and a Secretariat.

Held each year in June, the HTAi Annual Meeting is a key international gathering for sharing latest research, advancing discussions in policy and methods, and building global networks.

2025 Annual Meeting: Overall Scientific Theme and Program

Main Theme - NexGen Evidence: Diversifying and Advancing HTA to Meet Global Demands

The healthcare sector is witnessing an escalating demand for timely, pertinent, and high-quality evidence that extends beyond conventional sources. From extensive healthcare transaction data to personal wearables and environmental trends, these demands present opportunities for Health Technology Assessment (HTA) to innovate and collaborate, positioning itself at the forefront of addressing both technological and non-technological changes in healthcare.

Next Generation (NextGen) Evidence embodies a transformative shift in how we generate, analyze, interpret, and utilize evidence in HTA. It embraces a spectrum of solutions, from high-tech to low-tech, reflecting the evolving global perspectives and capacities needed to meet diverse healthcare demands. This type of evidence expands the scope of HTA to encompass greater dimensions of health technology impact, innovative trial designs, non-traditional data sources, equity considerations, environmental factors, advanced artificial intelligence (AI) tools, and adaptive HTA methods.

NextGen Evidence prioritizes addressing emerging questions, engaging stakeholders meaningfully, and ensuring the voices of patients and healthcare professionals are heard throughout the HTA process. It involves responding to policymakers' urgent needs for faster turnaround times for HTA reports, while managing dimensions like equity and environmental impacts. By incorporating considerations of global health risks, climate change, and environmental consequences, HTA remains relevant and responsive to evolving global health systems.

Leveraging AI and digital technology advances like machine learning, HTA can process diverse real-world data sets more efficiently, providing richer evidence for decision-making. Adaptive HTA optimizes the process by adjusting for factors such as data availability and analytical time, enhancing its responsiveness and utility across different contexts and technological maturity levels.

Additionally, NextGen Evidence underscores the importance of inclusivity and diversity in evidence generation, aiming to capture a wide range of perspectives from patients, caregivers, healthcare professionals, and the public. Trust is foundational, necessitating transparent methods understandable to stakeholders, while countering misinformation with honest communication and responsible AI usage. As we step into a new era of HTA, NextGen Evidence represents a significant advancement in HTA, incorporating advanced technologies, adaptive methodologies, and a broader scope of impacts, including equity and environmental considerations. Its goal is to provide comprehensive, timely, and relevant evidence to support fairer healthcare decisions globally.

Join us in Buenos Aires, Argentina, to delve into these topics and contribute to the ongoing conversations shaping the future of HTA:

1. Global Collaboration and Local Implementation
   - What are emerging forms of national and international collaboration in HTA?
   - How do we collaborate on advancements globally but implement locally?
2. Innovations and Adaptive Methodologies and Innovations in HTA
   - What new methodologies are needed to allow HTA to adapt for analytical time, data, capacity, and source of conduct?
   - Are AI-based systematic reviews and meta-analyses ready for routine incorporation into HTA?
   - What is the current toolkit of adaptive and other innovative clinical trial designs?
   - What is the state-of-the-art in horizon scanning? How can it evolve to better serve HTA?
3. Equity and Fairness in HTA
   - How can HTA contribute to better decisions, to fairer decisions, to and greater equity?
   - How can we incorporate equity impact assessment into HTA best practices?

The 2025 Annual Meeting will serve as a platform to explore these questions, foster collaborations, and drive the advancement of HTA to meet the dynamic needs of global healthcare systems.

Plenary 1: NextGen HTA: Embracing Change to Meet Global Demands

Imagine a rapidly evolving healthcare landscape where advancements in technology, such as artificial intelligence and molecular genomic profiling, are reshaping our approach to health and wellness. In this dynamic environment, health technology assessment (HTA) faces significant challenges and must evolve and adapt to maintain its relevance and impact. Should HTA transition

from its conventional role of gradually assessing new technologies to becoming a more proactive catalyst for broader transformation within health systems?

To read the full description of the Plenary 1 theme, click here.

Plenary 2: NextGen Methods: Hype or Here to Stay?

Building on the insights from Plenary 1, which will examine how emerging technologies are reshaping healthcare and the challenging demands HTA is facing globally, Plenary 2 shifts the focus to the next-generation methods essential for HTA to respond effectively to new innovations and health system needs. As the healthcare landscape evolves, there is a need for adaptive approaches that keep HTA relevant and impactful, moving beyond traditional roles to becoming a proactive force in decision-making. Practical and implementable methods that align with the rapid pace of innovation are essential to ensure HTA continues to meet the needs of decision-makers and health system partners across diverse healthcare settings.

To read the full description of the Plenary 2 theme, click here.

Plenary 3: NextGen Participation: How Can We Use HTA To Achieve More Transparent, Equitable, and Fair Health Systems?

In the evolving landscape of global health, the pursuit of transparent, equitable, and fair health systems is more pressing than ever. This plenary session will explore the pivotal role of HTA in achieving these goals. By examining how HTA can foster trust, ensure equity, and uphold fairness, the session aims to provide a holistic view of its impact on health systems worldwide.

Central to this discussion is the concept of trust, particularly in an era where disinformation poses significant challenges. HTA's ability to enhance transparency in decision-making is crucial for building and maintaining this trust among the HTA community —patients, healthcare providers, policymakers, technology developers. Trust provides a practical foundation for ensuring the credibility of data and the integrity of the information guiding health decisions.

To read the full description of the Plenary 3 theme, click here.

Abstract Submissions

HTAi invites abstract submissions for Workshops, Panels, Oral and Poster presentations for the Annual Meeting in Buenos Aires, Argentina (14 – 18 June 2025).

1) **Panel and Workshop Submissions**

- **Panels** are designed to stimulate discussion and share learning on topics relevant to the 2025 Annual Meeting Theme and Scientific Program. The Panels are 60 minutes in duration with **a maximum of four** panellists (including the moderator) from different organizations presenting on the topic. HTAi strongly encourages the involvement of Panel members from different perspectives and settings, particularly those focusing on or dealing with one of the plenary or supplementary topics. Audience engagement and methods for interactivity should be included in the abstract.

- **Workshops** are designed to share innovative experiences and practices, and to provide learning opportunities for participants. They are half or full-day events that must **include interactive activities** and focus on developing participants' skills. Workshops should also contribute to HTA capacity building. When submitting a Workshop abstract, submitters will be asked to indicate for whom their session will be most relevant (e.g., early career, mid-career, policy makers, industry), the level of as well as learning outcomes and interactive activities.

2) **Oral and Poster Submissions**

   Mixed Presentation Sessions are 30 – 60 minutes scheduled onto the Annual Meeting program which feature both Oral and Poster presentations. The Oral and Poster presentations will be grouped by themed tracks with sessions led by Chairs well-versed in the field. Chairs will be selected by the HTAi Secretariat, the International Scientific Program Committee (ISPC) and the Regional Engagement Committee. Chairs will ensure presenters stay to time and will moderate the question/answer sessions following each Oral and Poster presentation.

- **Orals:** Each individual Oral presentation will be 10 minutes in length. The author or presenter should also expect 2 minutes to take questions from the audience. Oral presenters can use multiple slides during their presentation.

- **Posters:** Authors submitting abstracts that are accepted as Posters will be given the opportunity to present their works both on display in the Poster exhibition and as part of the mixed presentation sessions. Each individual Poster presentation will be 2 minutes in length and utilizing one slide followed by 2 minutes of Q&A.

Authors presenting their work are also expected to be present at their Poster at the assigned time to interact with fellow conference delegates.

As the conference focuses on *NexGen Evidence: Diversifying and Advancing HTA to Meet Global Demands,* it is recommended to submit abstracts leaning on one of the plenary themes:

Plenary 1: NextGen HTA: Embracing Change to Meet Global Demands
Plenary 2: NextGen Methods: Hype or Here to Stay
Plenary 3: NextGen Participation: How Can We Use HTA To Achieve More Transparent, Equitable, and Fair Health Systems?

Additionally, the scientific program may be enhanced by contributions on the following topics:

- HTA's Role in Economic Growth, Innovation, and Global Health Systems
- Adapting HTA for Universal Health Coverage and Equity Across Income Level
- Innovative Methods and AI in Adaptive HTA
- Advanced Trial Designs, Rapid Reviews
- Examining Evidence Generation for Rare Diseases and Early-Stage Assessments
- Digitalization and Timeliness in Enhancing HTA Practices
- Advancing Equity Assessment Methodologies in HTA

HTAi will also look to ensure that at the conference there is a strong presence of patients, students, and presenters from Low and Middle-Income Country (LMIC).

When submitting abstracts, applicants will be asked to select topic areas from the list below to identify the one that most closely matches the theme of their abstract. Reviewers will identify their area of expertise based on this same list of topics — this ensures that knowledgeable reviewers assess all abstracts.

List of topic areas for abstracts:

1. **HTA Processes**
   a) Core concepts, Introduction to HTA
   b) Novel approaches to conducting HTA (e.g., Fast Track Appraisals, AI in review production Adapting Existing HTAs, Integrated HTA)
   c) Horizon Scanning, Early Awareness
   d) HTA Prioritization Deliberative Processes (e.g., Citizen's Juries, Citizen's Councils, Delphi Panels, Consensus Meetings, Expert Elicitation Methods, Advisory Committees, etc.)
   e) Measuring the Impact of HTA
   f) Reassessment and Disinvestment

2. **HTA Core Methods**
   a) Topic Refinement, Scoping
   b) Information Retrieval, Database Search Methods
   c) Study design (Randomized clinical trials, knowledge synthesis, adaptive designs)
   d) Outcome measurement: Patient-Reported Outcomes, patient preferences, clinical effectiveness
   e) Evidence Review and Synthesis (e.g., Rapid Reviews, Meta-analysis, Network Meta-Analysis, Living Systematic Reviews)
   f) Evidence Quality (e.g., Rating/Grading, Bias, Transferability and Generalisability, evidence reporting)
   g) Economic Evaluation (e.g., Cost Effectiveness Analysis, Cost Benefit Analysis, etc.)
   h) Budget Impact Analysis
   i) Pricing Models and Approaches (e.g., Reference Prices, Cost Plus, Value-Based Pricing, etc.)
   j) Ethical evaluation in of HTA
   k) Social evaluation Aspects of HTA
   l) Cultural Aspects of HTA
   m) Legal Aspects of HTA
   n) Organizational Aspects of HTA
   o) Environmental Aspects of HTA
   p) Measuring and Valuing Health
   q) Multi-Criteria Decision Analysis

3. **Stakeholder Involvement in HTA**
   a) HTA and Shared Decision-Making
   b) Patient Involvement
   c) Public Involvement
   d) Engagement with Industry
   e) Engagement with Payers
   f) Engagement with Regulators
   g) Engagement with Health Care Professionals
   h) Facilitating Multi-stakeholder engagement, co-creation
   i) Teaching and learning through social networks/media
   j) HTA in the Media (e.g., Specialist, General, social media, includes Misinformation and Fake News)

4. **HTA Findings, Advanced Methods and Other Topics**
   a) HTA and Procurement (National, or setting based)
   b) HTA and Health Technology Management

c) Technology Innovation, research, and development, early HTA
d) Novel approaches to conducting HTA (e.g., Fast Track Appraisals, AI in review production Adapting Existing HTAs, Integrated HTA)
e) Real World Data/Evidence
f) Machine Learning and Artificial Intelligence Methods
g) Procedures and Other Interventions (e.g., Surgery, Non-Pharmacological/Non-Device Interventions)
h) Tests (Including Screening, Predictive, Diagnostic, Companion Diagnostics, Biomarkers, etc.)
i) Innovative Pharmaceuticals and Biologics (Including Genetic Therapies, Immunotherapies, etc.)
j) Assessment of Medical Devices
k) Public Health Interventions (e.g., Screening Programs, Immunization Programs)
l) Health Systems Research
m) Health and Social Services
n) Models and Methods of Hospital-Based HTA
o) Digital Health (e.g., wearable tracking devices)
p) Telehealth (e.g., telemonitoring, remote consultations, etc.)
q) Mobile-Health (e.g., Health Apps)
r) Personalised Medicine Interventions (e.g., Prediction Models, etc.)
s) Research on Research
t) Aligning HTA and Clinical Practice Guidelines (e.g., case studies, methods and processes, etc.)
u) Other HTA findings

5. **Policy Issues In HTA**
a) Globalisation
b) Universal Health Coverage and HTA
c) Health System Quality Assessment
d) Regulatory-HTA Alignment
e) Value-Based Health Policy and Value Frameworks
f) Translating HTA Findings into Policy and Practice (Including Evidence-to-Decision Frameworks)
g) Dissemination via Journal Publication
h) Transferability of HTA Findings Across Jurisdictions
i) Capacity Building in HTA, Enhancing Skills and Capabilities at Country and Regional Level
j) Country-Specific HTA and Regional HTA Networks
k) Comparative HTA Systems and Emerging Markets
l) Measuring the Impact of HTA

6. **Other Topics**
a) Emergency Response (e.g., COVID-19)

b) Other

For programming purposes applicants will be asked to select a track from the list below to identify the one that most closely matches the theme of their presentation.

List of tracks for presentations:

Tracks	Description
Assessment Of Healthcare Technologies	This track will include reporting of comprehensive HTA reports covering several/multiple domains of evaluation. It includes assessments of a wide range of healthcare technologies such as surgical procedures, diagnostic tests, pharmaceuticals, biologics, advanced medical therapies and products (AMTP), medical devices, public health interventions, and digital healthcare solutions.
Breakthrough And New Approaches In HTA	This track will include presentation and use of new analytical methods and tools such as AI for evidence review, clinical trial design, indirect comparisons, etc.
Capacity Building In HTA	This track will include experiences in the use and adaptation of methods and tool across regions and strategies adopted to create capacity and develop necessary skills.
Collaboration Around HTA	This track will include experiences of collaboration, from local to international level, cases of policy implemented to foster collaboration, strategies, challenges and solutions in local implementation of international HTA findings.
Environmental Sustainability In HTA	This track will include contributions on the inclusion of environmental sustainability issues within the HTA framework.
Equity In HTA	This track will include frameworks for improving fair decision-making, methods and examples of incorporation of equity into HTA, policies promoting health equity through HTA, ethic analysis, etc.
Evidence Retrieval & Synthesis	This track will include information retrieval, evidence review and synthesis, quality of evidence, transferability, generalizability, etc.
Health Economics & Outcome Research	This track will include economic evaluation, pricing models and approaches, procurement models, quality of life assessment, etc.
Horizon Scanning, Early Awareness & Early Dialogue	This track will include methods and experiences on the technology management at the earliest stages of development.
Implementing HTA Programs at Multiple Levels	This track will include experiences of the implementation and institutionalization of HTA at country-level, regional-level and hospital-level.

Policy & Impact Of HTA	This track will include contents of Universal Health Coverage and HTA, regulatory-HTA alignment, value-based health policy, translating of HTA findings into policy and practice, measurement of HTA impact.
Stakeholder Engagement In HTA	This track will include methods and experiences of engagement of diverse stakeholders in HTA processes, such as patients, citizens, industry, hospital managers, healthcare professionals.

General Information

1) **Submission deadlines** are different based on submission type. Please note below the important dates regarding abstract submissions and be advised that no extensions to these deadlines will be made.

- **Open Call for Abstracts:** September 25, 2024
- **Deadline for Workshop and Panel submissions:** October 28, 2024
  Acceptance notification: November 25, 2024
- **Deadline for Oral and Poster Presentation submissions:** December 5, 2024
  Acceptance notification: January 30, 2025

Receipt of abstract submission will be acknowledged via e-mail prior to submission close for each category.

2) **Submission details**

a) **General submission details:**
- All proposals must be submitted via the online abstract submission system. HTAi will accept proposals by email from people who have conditions that prevent them from using the online submission system.
- Abstract submissions must include a brief description (less than 60 words) that would allow delegates to assess relevance and interest to them. Descriptions may be displayed on the Annual Meeting website and mobile app, in the program and/or in the abstract book.
- Submitters may return to the online abstract submission system to edit their <u>draft</u> abstracts; add or delete authors, moderators, or presenters; revise information; or delete abstracts at any time before the submission deadline.
- Abstracts saved as DRAFT cannot be seen by the system administrator and therefore will not proceed to abstract review. Please make sure to submit your abstract once complete. Receipt of abstract submission will be acknowledged via email.
- Accepted abstracts may be published in the Annual Meeting materials (e.g., website, mobile app, program, and/or abstract book) as submitted. Changes to abstracts will not be accepted after the submission deadline.
- If authors wish their abstracts to go into the Supplement of International Journal of Technology Assessment in Health Care (IJTAHC), they must provide consent when submitting abstracts on the online portal of the HTAi 2025 Annual Meeting website. The abstracts that will be published in the Supplementary Issue of IJTAHC might be subject to further review and authors might be contacted for revisions.
- Abstract submissions and presentations must be in English.
- Abstract submissions must not include references; however, the ISPC strongly encourages presenters to include all appropriate citations in their presentation at the Annual Meeting.

- Abstract submissions must not include tables, figures, or charts.
- Please spell out all acronyms on first use.
- Abstract submissions and presentations must not promote any product or service.
- Abstract submission and presentation expenses are the responsibility of the abstract submitter (primary contact) and presenter. For presenters requiring financial support to attend the Annual Meeting, HTAi offers a limited number of Participation Grants each year (subject to conditions and availability).
- The abstract or work summarized in the abstract must be the sole work of the submitter or associated persons/authors; the abstract must not contain information with respect to which such person or persons is/are subject to an obligation of confidentiality; and the abstract must not infringe the copyright or moral right of any other person.
- The presenters of research are required to declare sources of funding for their presented work.
- Regional Engagement Committee members, HTAi partner organizations and Interest Group Chairs should contact the ISPC Co-Chairs with their relevant abstract submission numbers to inform them about their official submissions.

b) **Workshop and Panel submission details:**
- For Workshops and Panels, the abstract text must not exceed 230 words. Word count will include the introduction (70 words max.), structure of the session (80 words max.), objectives and outcomes (80 words max.). For Workshops, you will need to specify target audience and method of interactive activities.
- The title must not exceed 18 words and must accurately reflect content, with no abbreviations and the beginning of each word capitalized. (i.e.: An Introduction To Health Technology Assessment)
- Title, moderators, and presenters as well as affiliated institutes and the abstract description are not included in the word count.
- For a Panel of 60 minutes, please limit your presenters to a **maximum of four** (4).

c) **Oral and Poster submission details:**
- For Oral and Poster presentations, the abstract text must not exceed 320 words. Word count will include the introduction (60 words max.), methods (100 words max.), results (100 words max.), and conclusions (60 words max.).
- Title must not exceed 18 words and must accurately reflect content, with no abbreviations and the beginning of each word capitalized. (i.e.: An Introduction To Health Technology Assessment)
- Title, authors, and affiliated institutes are not included in the word count.

3) Review, acceptance, notification, and final inclusion in the official Program

a) Review: All abstracts will be screened by the HTAi Secretariat to check for compliance with the submission and style guidelines before being peer reviewed by three experts identified by the HTAi International Scientific Program Committee (ISPC). Panel and Workshop submissions will be reviewed by members of the ISPC. Oral and Poster submissions will be reviewed by a broad group of reviewers, coordinated by the HTAi Secretariat, which will include ISPC members and a selected group of experts in the HTA field. Final decisions about inclusion and organization of the program will be made by the ISPC, led by the ISPC Co-Chairs.

b) Abstract acceptance and notifications:
- Workshops and Panels: After review, the abstract's primary contact will receive an email notification indicating the abstracts acceptance or rejection by November 25, 2024. Please check your spam folder if you have not received an abstract update. **Registration for the Annual Meeting is mandatory and must be submitted by March 27, 2025 (early bird registration deadline), to ensure inclusion in the Annual Meeting program. Presenters not registered by March 27, 2025 will not be reflected in any version of the program**

- Oral and Poster Presentations: After review, the abstract's primary contact will receive an email notification indicating the abstract's acceptance or rejection by January 30, 2025. Please check your spam folder if you have not received an abstract update. **Registration for the Annual Meeting must be submitted by March 27, 2025 (Early Bird Registration Deadline), to ensure inclusion in the Annual Meeting program. Presenters not registered by March 27, 2025 will not be reflected in any version of the program**

c) Final inclusion in the official Annual Meeting Program:
- Workshops and Panels: **Until the Early Bird Deadline (March 27, 2025), at least one of the named chairs/moderators must be registered for the Annual Meeting to confirm the final inclusion in the official Annual Meeting Program**. Panels and Workshops which do not fulfill this requirement will be withdrawn from the program.

- Oral and Poster Presentations: **Until the Early Bird Deadline (March 27, 2025), the abstract's primary presenter must be registered for the Annual Meeting to confirm the final inclusion in the official Annual Meeting Program.** Oral and Poster Presentations which do not fulfill this requirement will be withdrawn from the program.

4) Publication of abstract content

a. Annual Meeting Materials:
   • Submission of abstracts constitutes all authors' consent to have their abstracts published on the HTAi 2025 website, mobile app, within the program and/or abstract book.
   • Please review your abstract prior to submission; check grammar and spelling and ensure all special characters and formatting display correctly. Accepted abstracts will be published in the Annual Meeting Materials (e.g., website, mobile app, program, and/or abstract book) as submitted. Changes to abstracts will not be accepted after the respective Submission Deadlines.

b. Supplementary Issue of the International Journal of Technology Assessment in Health Care: Accepted abstracts of Oral and Poster presentations have the possibility to be published in a Supplementary Issue of the International Journal of Technology Assessment in Health Care. Abstract submitters will be able to provide their consent for publication in the abstract submission form. Once abstracts have been accepted for the official program, there will be an editing process and if any major changes are recommended these will be communicated to the abstract submitter (primary contact).

Scoring Criteria

The scoring system applied to all abstracts will take into consideration gender balance, the involvement of students and contributions from people from Low and Middle-Income Country (LMIC) as well as patients, users, and clients.

1) **Appropriateness to HTAi**

The concept of the abstract should be appropriate to HTAi and in alignment with the main themes of the Annual Meeting. Panels and Workshops should have presenters who are knowledgeable about the subject matter and, collectively, represent a variety of different perspectives and/or settings.

2) **Original and Innovative Contribution**

Abstracts with original and innovative ideas will receive a higher score. In particular:
- challenging existing paradigms or HTA practice,

- addressing an innovative hypothesis or critical barriers/issues to progress, and

- developing or enhancing novel concepts, approaches or methodologies, tools, or technologies for this area.

3) **Abstract Structure and Quality**

- **Workshop and Panel abstracts** must have the following structure:

  Title: must not exceed 18 words, with no abbreviations and the beginning of each word is capitalized.
  Introduction: Include the scientific background and rationale for the Panel or Workshop, and a clear statement of the issue. Must be clearly stated to achieve the highest score.
  Structure of the session: Give the structure of your Workshop/Panel (e.g., presenters, timing, format of interaction, etc.) and your plans to generate a vibrant discussion or learning environment.
  Panel/Workshop outcome and objectives: Explain what you would like to accomplish during your Workshop/Panel session, the session's contribution to HTA capacity building as well as the benefits and takeaways for the audience or participants.
  Moderators/Presenters: Include name, organization, position of all presenters, as well as the title (or brief description) of their specific contribution. **Only confirmed moderators/presenters can be submitted with your application.**
  Declaration of funding: Please declare sources of funding of the research.

Basic quality: Workshops and Panel abstracts should be appropriately summarised, and grammar and spelling should be checked.

- **Oral and Poster abstracts** must have the following structure:

Title: must not exceed 18 words, with no abbreviations and the beginning of each word is capitalized.
Introduction: Include the scientific background and rationale, and give a clear statement of the problem, issue, study goal, objectives, and/or research hypothesis. Must be clearly stated to achieve the highest score.
Methods: For quantitative and related studies, include a clear statement of the perspective, data collected, sources of data, analyses including statistical testing, etc. Clearly describe the populations studied, method of accrual and sample frame and analytical techniques. For conceptual, institutional, organizational or policy papers, provide a concise description of the content of the paper or report to be presented and other relevant factors such as policy analysis of alternatives, details of qualitative methods, etc.
Results: Present the most important study findings including generalizability to other populations, health systems or countries if relevant. Abstracts must reflect work that has already been done (i.e., results available)
Conclusions: Provide a concise statement on the most important findings or policy implications. You should also address the question, "What do these results mean for your main area of research?" If relevant, include next steps, proposals for further research and study limitations.
Declaration of funding: Please declare sources of funding of the research.
Basic quality: Oral and Poster abstracts should be appropriately summarised, and grammar and spelling should be checked.

Style Guidelines

Please consider the following style guidelines as a general direction in the submission process to have the abstracts submitted as consistent and standardised for Annual Meeting publications (website, mobile app, program, and abstract book). These guidelines are in line with those required for abstracts to be included in the Supplementary Issue of the International Journal of Technology Assessment in Health Care.

- American spelling (except for formal titles and names)
- Title – start of all words capitalized, no abbreviations
- Define all abbreviations on first use
- Use the word 'percent' rather than %
  (except for when using with numbers for Confidence intervals – stated as 95% CI or for numbers in parentheses)

- Confidence Interval - define first i.e., Confidence Interval (95% CI: 0.33, 2.41)
- All numbers less than 1 have a 0 in front e.g., p< 0.001
- For numeric lists use Arabic letters in parentheses (i), (ii), (iii)
- i.e., e.g., etc. must be spelled out – that is, for example and etcetera if as part of main text. In brackets abbreviations are allowed.
- Numbers up to 10 spelled out and for 10 and over given as a numeral. Numerals for units of time and measurement.
- Dates must be in form of 8 June 1960 and not 8/6/60 or 6/8/60
- Currency should be given using currency abbreviations (see www.xe.com/iso4217.php) and must always include a conversion to USD or EUR as well as the local currency value i.e., in parentheses after the initial currency [i.e. (USD___) or (EUR___)]
- No Tables, Figures and Charts allowed
- No references allowed
- Results must be provided for acceptance on the program and publishing in Supplement

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3 things to keep in mind:

1. Abstracts with **original and innovative ideas** will receive higher scores.

2. It is recommended that all abstracts relating to the 2025 Annual Meeting Theme(s) should consider the main topics:

Plenary 1: NextGen HTA: Embracing Change To Meet Global Demands
Plenary 2: Next Gen Methods: Hype or Here to Stay
Plenary 3: NextGen Participation: How Can We Use HTA To Achieve More Transparent, Equitable, and Fair Health Systems?

3. Please read the submission guidelines carefully and thoroughly.